

CERTIFICATION OF FINAL DBE CONSULTANT PAYMENT

Complete one form for each DBE Participant

Project Number and Location: _____

Total DBE Participation \$ _____ % _____

In connection with the above referenced contract we the undersigned, jointly certify and attest the following information to be true.

1. DBE Firm's Name: _____

2. Describe work performed by DBE on this project: _____

3. Total amount paid to DBE to date: \$ _____

Consultant submit to: _____

(Contract Specialist)

(Program)

Maine Department of Transportation
#16 State House Station
Augusta, Maine 04333-0016

Attest:

PRIME CONSULTANT

DBE

(Firm's Name)

(Firm's Name)

(Signature)

(Signature)

(Title)

(Title)

(Date Signed)

(Date Signed)